

JUVENILE OFFENDER AFTERCARE ASSESSMENT TEAM**RECEIVED**

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MARYLAND STATE ARCHIVES

Report to**Governor Parris N. Glendening****and****Lt. Governor Kathleen Kennedy Townsend****February 28, 2000**

JUVENILE OFFENDER AFTERCARE ASSESSMENT TEAM

**Judge Daniel W.
Moylan (Ret.), Chair**
Circuit Court of
Washington County

February 28, 2000

Bart Lubow
Vice Chair
The Annie E. Casey
Foundation

Governor Parris N. Glendening
Lt. Governor Kathleen Kennedy Townsend
State House
Annapolis, Maryland 21401

**Professor David
Altshuler**
Institute for Policy
Studies

Dear Governor Glendening and Lt. Governor Townsend:

**The Honorable
Elijah E. Cummings**
Congressman, United
States House of
Representatives

On behalf of the Juvenile Offender Aftercare Assessment Team, we submit this report on the status of aftercare in Maryland.

**Sheriff Frederick
Davis**
Charles County,
Maryland

Our twelve-member Team was appointed in response to a crisis in aftercare services for the Boot Camp programs. We recognized from the outset, however, that aftercare could not be understood apart from the overall mission, policies and operations of the Department of Juvenile Justice in particular, and the juvenile justice and human services systems in general. By broadening the scope of our inquiry, as your charge suggested we might, we were able to make a much more complete and meaningful examination.

Thomas Davis
DHMH/Alcohol and
Drug Abuse
Administration

The report, of necessity, paints with a broad brush, but seeks to avoid unsubstantiated generalizations. We present a series of very specific findings that highlight the serious deficiencies in current aftercare activities, as well as their relationship to chronic policy, practice and resource shortcomings within the Department of Juvenile Justice.

David Fishkin
Juvenile Court
Division
Office of the Public
Defender/Baltimore
City

**The Honorable
Nancy K. Kopp**
Maryland House of
Delegates

We believe that these problems have created a crisis of confidence in the efficacy of the department and the system of justice for juveniles for which there are no easy answers. However, if properly implemented, we think that our recommendations can provide both the starting points and strategic changes needed to revitalize the system. The short-term recommendations include specific, but modest, items that we encourage you to consider as part of this year's supplementary budget process. Our long-term recommendations place emphasis on building the strengths of children, their families and their neighborhoods as a means of reducing recidivism.

**The Honorable
Nathaniel J.
McFadden**
Maryland Senate

Michael Sarbanes
Governor's Office of
Crime Control &
Prevention

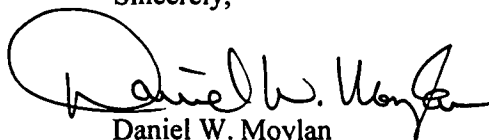
We are indebted to our colleagues on the Team who gave so freely of their time and talents and whose commitment to the youth of Maryland was so apparent over the course of this work. All of us hope that this report spurs the revitalization of DJJ and Maryland's entire juvenile justice system.

Calvin Street
Department of Human
Resources

Jean Yahudah
Woodland Nguzo
Sabah Community
Association

Thank you for giving us this opportunity to service our state in such an important endeavor.

Sincerely,



Daniel W. Moylan
Chair



Bart Lubow
Vice Chair

JUVENILE OFFENDER AFTERCARE ASSESSMENT TEAM

Judge Daniel W. Moylan (Ret.), Chair
Circuit Court of Washington County

Bart Lubow, Vice Chair
Senior Associate, The Annie E. Casey Foundation

Professor David Altshuler
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The Honorable Elijah E. Cummings
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Maryland House of Delegates

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Maryland Senate

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INTRODUCTION

BACKGROUND

In December 1999, Maryland's Department of Juvenile Justice (DJJ) was the subject of a newspaper series exposing widespread physical and emotional abuse of youth committed to three state-operated boot camps. A task force, quickly appointed by the Governor and Lt. Governor, confirmed these allegations, leading to the resignation or dismissal of top DJJ officials, the elimination of the boot camp regimen from the facilities, the deployment of relevant state agency staff to ensure the safety of youth in the redesigned programs, and state and federal investigations regarding possible criminal charges. The newspaper series also explored DJJ's aftercare operations. Serious concerns emerged about the supervision and services provided to boot camp graduates when they returned to their home neighborhoods. Questions regarding DJJ's administration and oversight of these services, essential to reintegration of youth in the community, were also raised.

In response to these reports regarding aftercare operations, Governor Glendening and Lt. Governor Townsend appointed a twelve-member Juvenile Offender Aftercare Assessment Team in late December 1999. Chaired by retired Circuit Court Judge Daniel Moylan, the Assessment Team's members, including legislators, law enforcement personnel, university researchers and human service administrators, brought a diversity of backgrounds and experiences to their task. The Team's basic charge was to examine Maryland's aftercare system, compare it to other jurisdictions and innovative practices nationally, and make recommendations for the implementation of a more effective system. The Assessment Team was instructed to conduct its investigation and submit relevant findings and recommendations to the Governor and Lt. Governor by February 28, 2000.

Early in its deliberations the Assessment Team reached a critical conclusion: aftercare services could only be understood and changed when placed in proper context, as just one aspect of a complex, troubled system. Aftercare caseloads are generally composed of our most chronic delinquents, youth who have been discharged from residential facilities, typically after having been previously placed on probation, often many times and under varying levels of intensity. The aftercare phase, therefore, is but the narrow end of a much wider funnel through which delinquency cases pass. If basic probation services are ineffective in redirecting the lives of delinquent youth, then the number of committed cases will be higher than would be true if probation produced better outcomes. And if commitment facilities are ineffective in changing their wards, then those youth returning to neighborhoods under aftercare supervision will be less likely to successfully adjust to community life. Consequently, the Team expanded the scope of its investigation to review DJJ's probation and placement activities, as well as the delivery of services to delinquents and their families in the community. This expanded scope was also consistent with an important part of our original charge, namely to attempt to align our recommendations with some of the positive new initiatives already underway in

Maryland's juvenile justice system, including Spotlight on Schools, Hot Spots and Break the Cycle.

This report begins, therefore, with an examination of aftercare in Maryland, but goes on to make findings about other aspects of DJJ's operations. The recommendations also extend beyond aftercare. Changes needed in the Department of Juvenile Justice, within the overall juvenile justice system, and between juvenile justice and other human service systems are all discussed in an effort to maximize this unique opportunity to strengthen children, families, and communities and thereby reduce juvenile recidivism and promote public safety.

SCOPE OF INQUIRY

The Assessment Team held a series of six meetings, most of which were devoted to presentations by, and questioning of, practitioners, researchers and experts in the field, from Maryland and from around the country. These meetings reviewed Maryland's current aftercare programming (both public and private); alternative models, best practices and innovations from other jurisdictions; service needs and delivery issues in Maryland; and judicial perspectives on aftercare and the system in general. More than 30 witnesses appeared before the Team during these meetings.

To deepen the Assessment Team's understanding of how various groups experienced aftercare and related departmental efforts, a series of focus groups were convened with aftercare caseworkers, mothers of aftercare participants, service providers and youth in aftercare. More than 50 people participated in these multi-hour discussions. To assess DJJ's performance in relation to its own policies and procedures, an audit of a sample of aftercare cases was conducted. Historical reports on aftercare were identified and studied so Team members had the benefit of prior research on these matters. Probation practice and out-of-home placements were investigated by reviewing departmental policies and procedures, and examining quantitative reports regarding caseloads, costs and recidivism. A lengthy meeting with experienced probation officers from all regions of the state was conducted to obtain the perspectives of front line practitioners. Direct testimony was presented by three agencies currently operating residential programs under contract with DJJ. Finally, various senior department officials were interviewed, sometimes repeatedly, in order to clarify issues and resolve discrepancies.

The findings and recommendations that follow were developed by the Aftercare Assessment Team as a result of these meetings and related activities, all conducted between January 6, 2000 and February 16, 2000. The Team acknowledges that parts of its inquiries were shallower than members would have preferred and that there are many complicated issues left unexplored. However, we are confident that the scope of our investigation, despite these shortcomings, provided sufficient evidence to reach the conclusions and to make the recommendations that follow. We hope that implementation of some of these recommendations will provide additional opportunities to study and plan improvements.

ACKNOWLEDGEMENTS

The Aftercare Assessment Team is indebted to a variety of individuals and organizations, all of whom gave freely of their time and opinions, including some who traveled great distances, often on short notice. We are especially indebted to those who made formal presentations at our Team meetings. (See pp. 41-43 for a list of presenters.) Ian Bruner, Ruby Wilson and Charlotte Bethke of the Governor's Office, handled often rushed logistical details with good humor. Bruce Martin of the Maryland Attorney General's office provided wise counsel. Administrators and staff of the Maryland Department of Juvenile Justice deserve special mention. They were cooperative, candid and supportive as we sought to complete our tasks, despite the fact that we were mostly assessing their policies and practices. Finally, the Assessment Team benefited enormously from the assistance of Dr. Faye Taxman and her colleagues, Lisa Feldman and James Boyer, of the Recidivism Reduction Laboratory at the University of Maryland.

We must also acknowledge the many dedicated individuals and agencies who generally toil anonymously, often without sufficient resources or recognition, to help delinquent youth find their way to productive adulthood and to make communities safer. A report such as this paints with a broad brush. In highlighting deficiencies and recommending changes, it is easy for the reader to blame systemic shortcomings on the intentions of individuals. In presenting findings from a snapshot in time, the lengthy gestation of these problems may be blamed mistakenly on a single administration. Overall, our deliberations reinforced our individual and collective beliefs that there are many committed leaders and workers who welcome the Team's effort to contribute to a better juvenile justice system.

FINDINGS REGARDING AFTERCARE IN MARYLAND

- A) The aftercare system in Maryland lacks a coherent, comprehensive and common sense public policy foundation that promotes clear values, ensures compatible policies, promotes appropriate allocations of resources, and focuses on successful outcomes for juveniles and their families consistent with public safety.**

BACKGROUND

Aftercare is a critical component of the juvenile justice system. It is the thread that transitions delinquent youth, committed to state custody, from residential facilities to community care. Aftercare should be designed to ensure that two primary goals are achieved: protection of the public through effective supervision of the discharged youth, and provision of services that address youth and family needs, build their strengths, and promote integration with the community. Aftercare should be premised on a system of assessment and classification for risk of re-offending and need and related differential supervision standards based on these risk/need calculations. The literature on "best practices" in aftercare emphasize a process with the following components: 1) preparing committed juvenile offenders (in conjunction with their families) for re-entry into the communities where they will live; 2) establishing arrangements, linkages, and placements with a range of public agencies, private organizations, and individuals in the community to address various risk factors and to provide the supports and services needed; and, 3) ensuring the delivery of these carefully conceived services, supports and supervision activities in the community. As these components imply, aftercare planning must begin with the youth's placement, rather than waiting until the point of discharge. Aftercare activities also must involve staff of the residential facility, community supervision staff, parents, youth and various community partners. As Karl Dennis, Executive Director of Kaleidoscope, told the Assessment Team, "Aftercare ought to be thought of as 'continued care', as part of a continuum of services." Mr. Dennis emphasized that aftercare's vision must be based on the same core values that are generally considered essential for successful work with at-risk youth: they must be comprehensive, long-term, intensive, family-focused and community-based.

To effectively meet these expectations, juvenile justice agencies must have a clear vision for the aftercare phase, along with consistent policies and procedures regarding aftercare's various components. Departmental standards must recognize that aftercare begins during placement and support collaboration between facility staff, field staff, and community partners. Required practices should seek to utilize the placement period to develop assessments and provide facility-based services (e.g., family counseling) relevant to successful community reintegration. The discharge plan should provide, in detail, supports and services to be utilized in the community, including educational, vocational, psychological, and advocacy programs needed to ensure the youth's success. Specific attention should be directed to overall family needs, not just those of the committed youth. Supervision and monitoring activities should be calibrated according to the risk/needs of the youth and his/her family. The agency's overall approach must

emphasize that effective aftercare is a collaborative endeavor involving a myriad of agencies and individuals who should jointly agree on the types of services (e.g. substance abuse treatment, mental health, education, etc.) to be provided and ensure that such services are available upon arrival back to the community.

Without deliberate and conscious planning, aftercare is generally an afterthought. Without a commitment to comprehensive supports and services, aftercare typically consists of little more than spot checks for misbehavior. Without a family focus, aftercare can not generally expect youth to have the guidance and reinforcement needed to make the transition to productive adulthood. Without effective aftercare, public safety will be threatened because youth are not supervised or provided with interventions to prevent re-offending.

STATUS OF AFTERCARE IN MARYLAND

DJJ Policy #16.22F (Aftercare Case Management, effective 12/1/94) does not provide a clear operational definition of aftercare in Maryland, nor a statement of values. Instead, the purpose, focus and intensity of aftercare appear generally left to the discretion of DJJ's regional staff, individual residential facilities, or community-based contract agencies responsible for these functions. The result is significant variation in the level, type, and context of aftercare services unrelated to the risks or needs of youth and their families. A review of DJJ's aftercare policies, along with its contracts with provider agencies, reveals little consistent policy guidance, much less a framework for delivering aftercare in the residential facility or the community. References to comprehensive, family-focused service delivery are neither present in DJJ's formal policies, nor in the details of its contracts. In all the materials reviewed by the Assessment Team, we failed to find a meaningful vision statement regarding aftercare, nor coherent policies that collectively would constitute such a vision. Aside from explicit expectations regarding contact with youth in commitment facilities, we found it hard to differentiate between aftercare and basic probation supervision.

Testimony from several of the 15 or so private service providers that contract with DJJ for aftercare services revealed an array of supervision and service delivery expectations, predictable when there is no clear articulation of values. When each provider was asked to define their roles and responsibilities, discuss the philosophy of their program, the coordination of services, and the supervision standards as defined in their service contracts (see Figure 1, below), the Assessment Team received four very different sets of standards and expectations. These providers reported, and DJJ confirmed, that aftercare program components varied widely, without any minimum criteria related to the populations they served. In fact, some of the residential treatment programs (e.g., Good Shepherd Center) reported that they developed transitional planning services in their residential program and piloted aftercare services in the community on their own, with no policy guidance or funding from DJJ. While the service providers reported that they had tried to obtain policy clarification from DJJ about their roles and the linkage between their aftercare services and DJJ's, little guidance was forthcoming. The contract agencies reported that DJJ generally allowed them to develop their own supervision standards. They also reported that DJJ did not have standards for progress reports or updates, a

system of sanctions for noncompliance, or specific requirements for ensuring that youth in need of educational or psychological services would be placed appropriately. In one instance, a residential service provider that also does aftercare for its discharged youth described how DJJ had made untimely budget cuts and unilaterally eliminated “respite” beds that had been a major resource to their aftercare program.

Figure I: Characteristics of Aftercare Services Providers

Program	Type of Aftercare Preparation	Type of Community Services Provided	Aftercare Plan	Coordination with DJJ
Good Shepherd Center	Informal program preparation in the residential program.	Informal aftercare program not funded by DJJ. Home visits (1X/week for first 3 months after release), referrals for community services.	DJJ has primary responsibility for monitoring the youth. Family services and extended supervision services are not funded by DJJ.	Treatment reviews every 60 days while in residence. DJJ is invited, but not always there.
CHOICE	Program/DJJ aftercare plan preparation in the facility.	Intensive supervision model, with graduated sanctions and incentives for participants. Team case management approach provides 24-hour, 7 day contact (3-5 per day), counseling services, and advocacy/referrals for community services.	Program provides all aftercare services. Upon discharge from the program, responsibility for the youth is returned to DJJ with no program follow-up.	Weekly case review by phone with DJJ caseworker. Written review provided to DJJ monthly. No set procedures regarding program violations, but program reports all to the DJJ worker.
Victor Cullen	Program/DJJ aftercare plan preparation in the facility.	Serves youth discharged from its residential program. Primarily makes educational & vocational referrals. Also has transitional living program and some flexible dollars. DJJ does field supervision.	Assistance with education and employment is primary responsibility of the program for the duration of aftercare supervision.	Agency reports good relations with DJJ staff. Large caseloads preclude intensive oversight. DJJ monitors youth in the community for compliance with conditions.
O'Farrell	Program/DJJ aftercare plan preparation in the facility.	6-9 months for youth from its residence. 3 months of tracking upon discharge. Family-focused, it includes family therapy, parent advocacy, respite services, referral services, & weekly community supervision.	Program is primary supervising agency. Limited case management due to funding constraints.	No real standards set by DJJ. Center started aftercare with private money & DJJ sustained it. DJJ does not act as partner during aftercare phase.

Similar findings were reported in a focus group with outpatient substance abuse and educational service providers in Maryland. These providers expressed frustration that DJJ was not clear on the purpose of aftercare. They complained that DJJ had lost sight of its “rehabilitative mission” and, consequently, contractual standards bore little relationship to

these agencies' service delivery efforts. The lack of a partnership philosophy, we heard, often resulted in unmet expectations. For example, service providers noted that DJJ caseworkers responded inconsistently to youth participation patterns, including significant failures to comply with treatment program standards. This made it difficult, if not impossible, to establish clear standards for all youth in their programs.

DJJ aftercare workers confirmed the service providers' experiences. The aftercare workers described a wide array of expectations without any clear policy guidance on their roles or the roles of the contract service providers. Aftercare workers described the tasks that they perform (e.g. court support services, face-to-face contacts, etc.) but they did not articulate a specific understanding of their role as an aftercare caseworker. Again, aftercare could not be distinguished from traditional probation supervision. The three jurisdictions participating in the focus groups—Baltimore City, Montgomery County, and Prince George's County—revealed different activities and duties for aftercare workers in each site. An example of the lack of policy guidance is reflected in the experiences of caseworkers in Baltimore City. They reported being explicitly told by supervisors not to violate a youth unless a new offense has been committed. All aftercare workers reported that DJJ's lack of standards for noncompliance in the aftercare system results in most violations going unsanctioned and unreported. This shortcoming is not simply poor field practice; it reflects a philosophical shortcoming that embraces the notion that youth should be held accountable.

We also found no rational basis for the allocation of DJJ's aftercare resources. Virtually all of the aftercare funds (besides those paying for DJJ staff salaries) are dedicated to relatively large, long-term contracts for which there does not appear to be consistent oversight, much less a commitment to deploy funds based upon performance. This approach to resource allocation results in aftercare placements based upon the availability of a program slot, rather than the needs or demands of the case. The financing of aftercare services, therefore, bears little relationship to the characteristics essential to successful programming for at-risk youth (i.e., intensive, community-based, family-focused, etc.) because such efforts require flexibility, rather than predetermined program placements. In the current DJJ system, aftercare youth follow the dollars, rather than the reverse.

FINDINGS

- 1. DJJ's vaguely formulated, often contradictory, articulation of aftercare purposes and expectations results in operational conflicts, staff disillusionment, and tenuous relations with key external partners.**
- 2. Critical core values essential to successful aftercare practice--in particular, a commitment to intensive, comprehensive, long-term, community-based and family-focused casework designed to maximize youths' successful community integration--are insufficiently emphasized and implemented.**
- 3. The current aftercare system consists of a patchwork of providers serving populations of varying risk and need with little apparent overarching rationale. Some youth receive aftercare services through their placement**

agency, others are served primarily by DJJ, and still others go to another contract agency. Intensity and philosophy of aftercare services—and, therefore, costs—vary depending upon these programmatic assignments.

4. Aftercare services and resources are neither undertaken nor assessed in relation to the outcomes that ought to matter most, especially the likelihood of positive youth adjustment in the community and offender recidivism. Since, according to the Department's own reports, three-quarters of all committed youth are referred back to either the juvenile or criminal justice systems within 12 months of release, the need to apportion scarce resources to interventions with the highest success rates is obvious.

* * * * *

- B) The intensity of aftercare efforts is generally insufficient and uneven, and their goals do not focus on building the strengths of youth and family or the services, supports and guidance needed to successfully facilitate youth transitions to law-abiding, productive adulthood.

BACKGROUND

Effective aftercare models, designed both to enhance public safety and promote reintegration and youth development, typically involve intensive multifaceted services to monitor youth activities and to assist in fulfilling the aftercare plan. The Assessment Team heard testimony and received literature from several highly regarded programs for high-risk juveniles from around the country. These agencies share a number of common characteristics in how they work with youth. For example, they provide intensive supervision and monitoring services on a 24-hour per day, 7-day a week schedule. Staff are always available when crises occur. Programs like the Tarrant County Advocate Program, Kaleidoscope, and Associated Marine Institutes maintain very small caseloads that enable staff to make multiple daily contacts with their clients. In TCAP, for example, caseworkers may spend as much as twenty hours per week with those under their supervision, depending on the youth's progress. The focus of their services is on the youth in the context of his or her family and neighborhood. What is happening with a parent is deemed as important as what is happening with the youth on aftercare. Flexible funds enable these agencies to respond to needs in creative, timely ways. Finally, these programs build upon youth and family strengths to create a foundation for other interventions. In certain instances, like TCAP, all line staff are hired from the neighborhood (zip-code based) where the youth resides.

More formal models of intensive aftercare, such as those being piloted nationally with funding from the Office of Juvenile Justice and Delinquency Prevention, rely on objective classification systems to identify the most high-risk youth and utilize differential supervision standards to ensure that those youth receive the most intensive

supervision and support. This model calls for long-term aftercare planning involving facility and field staff, along with community agencies and parents. Aftercare plans call for frequent face-to-face contacts (at least three times weekly) upon discharge, and many collateral contacts with community-based service agencies to enhance monitoring efforts. Graduated sanctions and incentives are used to promote positive behavior. The relationship between supervision and service, therefore, is symbiotic. This model recognizes that it is impossible to accomplish positive public safety outcomes without providing supports and services.

STATUS OF AFTERCARE IN MARYLAND

The contact standard described in DJJ Policy #16.22F requires one face-to-face contact per week during the first month following discharge from the commitment facility. In addition, the caseworker is expected to maintain weekly contact with the family, though these may be made by telephone. No collateral contacts (e.g., calls to schools or service agencies) are explicitly required. After one month, an assessment is supposed to be conducted to determine if contact levels can be reduced. DJJ's aftercare operations, however, lack consistent standards for action in the case of misbehaviors or compliance failures. The job responsibilities for aftercare workers described in this policy fail to clarify the kinds of case management responsibilities expected of the worker. Without greater specificity of expectations, it is no wonder that there is little evidence that DJJ's aftercare operations are designed to promote youth transitions to productive adulthood.

DJJ provided data indicating the typical aftercare worker has a caseload of 47 youth, some of whom are in placement facilities, some of whom are in the community. Focus groups of aftercare workers revealed that they feel "overwhelmed and overburdened" by the number of youth under their supervision and the amount of administrative work per case. The caseloads are not assigned with reference to risk or needs levels, and supervision standards do not differentiate on those bases. Research that was completed more than three years ago did result in the design of a classification system, including differential supervision standards. This case management system has yet to be implemented (it is just now being piloted in five sites) and no workload analysis has been conducted to determine if it is even possible to fully implement the model.

According to the caseworkers' own accounts--subsequently verified by the Assessment Team's audit of cases and DJJ management's reports to Team members--even the minimal contact standards established by the department are infrequently met. Many files that we reviewed lacked detailed aftercare plans and there was little evidence of timely re-assessments or supervisory reviews. Our audit also found that DJJ aftercare plans only included referrals to special services (e.g. treatment, drug testing, etc.) in about 50 percent of the cases. Service providers confirmed that many referred youth are inappropriate for their programs and may be in need of more intensive or different types of services altogether. . The Montgomery County Department of Health and Human Service, which has re-organized its own staff to better respond to the treatment needs of

youth in the delinquency system, even indicated that treatment services are being unused because of the failure of DJJ staff to make referrals.

As noted in the previous section, youth are assigned to various aftercare programs depending upon their commitment facility, where they live, or the availability of a program slot. This results in widely varied levels of aftercare supervision and service delivery. For example, a presumably high-risk youth discharged from the Hickey "enhanced" program (presumably housing Maryland's most dangerous youth) receives aftercare services from DJJ staff (i.e., one face-to-face contact weekly). A youth placed in Hickey "impact", a short-term, intensive program for lower-risk youth, is automatically assigned to the CHOICE program, where he has between 28 and 35 face-to-face contacts weekly. Victor Cullen Academy graduates receive educational and vocational support (and occasionally independent living assistance) from Cullen staff, while basic supervision is provided by DJJ caseworkers. The Good Shepherd Center provides informal aftercare services to girls in some jurisdictions because of their concerns about the lack of supervision and follow-through by DJJ. Their services include home visits and family counseling sessions for which they have never received funding. In general, the Assessment Team found no evidence, historical or current, to explain this patchwork quilt of services.

FINDINGS

- 1. DJJ's minimum requirements for aftercare supervision are insufficient to provide effective monitoring of high-risk youth, much less meaningful case management for youth and families with significant needs. Though referred to in departmental policies as "intensive", these internal standards, even at their highest, call for levels so superficial as to be clearly inconsistent with the presumed seriousness of the underlying commitment. Moreover, case reviews indicate that DJJ is often unable to meet even its own minimal expectations.**
- 2. Aftercare assignments are not necessarily based upon youth needs or potential dangerousness, nor does the department utilize meaningful differential supervision requirements for aftercare cases. The department has still not implemented new risk and needs assessment tools which are essential to more effective aftercare and which were recommended to DJJ a decade ago.**
- 3. Despite the increases in field supervision staff made possible by new initiatives such as Spotlight on Schools and Hot Spots, DJJ resources for aftercare have not kept pace with the growth in out-of-home placements, straining already scarce resources still further. Even if internal standards were intensified and better focused, it is doubtful that actual practice could or would change without a new infusion of resources.**
- 4. The intensity and focus of aftercare case management and supervision are more a function of the facility in which a committed youth is placed, the availability of certain contract services in the region, or the initiative of the**

caseworker than the goals of meeting needs or reducing public safety risks. In some instances, youth discharged from certain commitment programs get very intensive case management, while others are hardly seen at all. In some areas, contract agencies are available to enhance DJJ supervision or increase service interventions, but the availability of such services is only partially based upon demand or efficacy. Even within the same region, inconsistent practice between aftercare case managers means that levels of intervention are idiosyncratic.

5. Case management rarely appears aimed at maximizing the likelihood that discharged youth succeed in their community re-entry and are effectively positioned to make the transition to productive adulthood. Much of the work focuses on compliance with behavioral standards to detect transgressions. There is insufficient focus on changes that strengthen families and develop youth competency.

* * * * *

- C) The Department of Juvenile Justice lacks critical infrastructure elements needed to design, manage and implement a model aftercare system.

BACKGROUND

Effective juvenile justice agencies must have an organizational infrastructure that includes: 1) timely, accurate data to guide operations and planning; 2) comprehensive training and professional development opportunities; 3) spans of supervisory control low enough to ensure meaningful performance reviews and intervention in difficult cases; 4) systems for quality assurance; and, 5) a division of labor that promotes the correct range of staff specialization and operational units that are effectively integrated and aligned with the agency's basic mission. Without these elements, cornerstones of good aftercare practice, like an objective classification system, differential supervision standards, and workload and caseload standards, are impossible to implement. Even the best-designed aftercare models will not function effectively without these kinds of infrastructure supports.

STATUS OF AFTERCARE IN MARYLAND

The Assessment Team heard from a variety of sources that DJJ training efforts were inadequate. Indeed, caseworkers are allowed to manage cases before the completion of the 40 hours of mandated training. In focus groups, case managers stated they did not feel prepared to make referrals regarding services after completing training. They gained most of their knowledge through on-the-job experience. We found no evidence of specific training on aftercare responsibilities. This was consistent with our finding that there was little in departmental policies or procedures that distinguished

aftercare activities from routine probation. Experienced staff indicated that the Department's annual training requirements were fulfilled through mandated participation in training programs they considered largely irrelevant to job performance (e.g., "verbal judo"). Due to funding restrictions, DJJ staff were unable to attend conferences or seminars that were clearly relevant to their work. As a result, both professional development and staff morale suffered.

Evidently, supervisory spans of control vary considerably within the Department. In a few jurisdictions, ratios of 1:8 or 1:10 were reported and line staff in these regions indicated that they received sufficient support from their immediate supervisors. However, in other areas, the span of control exceeds 1:15 and may go as high as 1:25, ranges too great to allow timely case reviews, much less meaningful supervisory guidance.

The current mechanisms for keeping client level data within the Department are insufficient to meet the demands for information to guide policy and practice. An existing data base system, ISYS, is being converted into a new system, ASSIST. The new system was to be operational in October 1999. ASSIST is designed to centralize files, including case notes (with contact information) and services provided. However, system introduction has been delayed. Caseworkers reported that they were not adequately trained on the system and think it is too complex and time consuming to enter case file information. Many caseworkers reported that they do not utilize the system.

The case audit reinforced this claim. Few case notes from ASSIST were provided with substantive information on the progress and status of the youth on supervision. In fact, the entire case recording system was inadequate. Information was maintained in various locations, and the degree of information entered varied with each case. It was impossible to get an accurate accounting of the timeliness of key events in the aftercare process, or to compute the frequency of contacts or service referrals. Information about rules violations and the use of sanctions was rarely found and detailed notes that would provide contextual information were hardly ever available. This kind of idiosyncratic, incomplete and inefficient approach to case recording makes the orderly review of caseworker performance impossible. Moreover, in the event of staff turnover (a common occurrence at DJJ), a new caseworker has no way of knowing what prior efforts were made or are currently underway.

Finally, DJJ staff may or may not specialize in providing aftercare supervision. Many aftercare caseworkers carry mixed caseloads that require them to supervise probationers, to prepare social histories, even to conduct intake on a rotational basis. While this may be necessary in small jurisdictions where specialization would be difficult to implement, the current approach to staff assignments further limits DJJ's ability to implement effective services. In a similar vein, the sometimes conflicting goals of major operational units (such as field services and program services) may lead to inappropriate placements which further undermine aftercare efforts. If youth are placed in a commitment program primarily because a bed is available, and if youth from that

program all receive aftercare from a particular agency, then the match between youth risk and needs and aftercare program components will be random.

FINDINGS

- 1. DJJ has neither the information system nor the analytical capacities (including external audit functions) capable of developing and monitoring an aftercare system based objectively upon the needs or risks of youth under its supervision. These deficiencies must be corrected for the agency to deploy resources in a way that maximizes desired outcomes.**
- 2. DJJ training and professional development efforts are inadequate, in general, and fail to provide essential orientation and skills for effective aftercare case management, in particular.**
- 3. In certain regions, the span of supervisory control is too great to provide effective oversight or support to aftercare case managers. As a result, quality controls are insufficient to ensure consistent practice or self-improvement.**
- 4. The case recording system is idiosyncratic and does not provide a reliable, readily available record of aftercare plans, referrals, supervision activities or re-assessments. Absent a structured, understandable case recording system, quality assurance activities will be inefficient and ineffective.**
- 5. The department's internal structure and division of labor inadvertently undermine effective aftercare services. Goal conflicts between major operational units often compromise the quality of both assessments and placement choices. Moreover, the absence of specialization among field staff results in competition for scarce caseworker time that often makes delivery of aftercare services a low priority.**

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D) Youth (and their families) do not receive the services they need to succeed.

BACKGROUND

A cornerstone of an effective aftercare system is the ability to provide committed youths and their families with the needed services that build upon their strengths and that address risk and need factors to reduce the likelihood of renewed delinquent behavior. Recent reviews of the literature on effective interventions emphasize five main principles: 1) assessments should drive program placements; 2) skill-based cognitive and behavioral programs, instead of traditional counseling programs, are more effective; 3) youth and their families must be engaged in intervention services; 4) team case

management processes result in more desired results; and 5) youth must be held accountable for their behavior.

Incarcerated youth often present many different types of "clinical" problems requiring special education, mental health, substance abuse, and employment related services. Family members may have similar needs. Barriers to receiving services to respond to these needs must be identified and eliminated. Often times those barriers are beyond the control of the juvenile justice system. In such instances, other public service delivery systems must change their policies and procedures in order to include delinquent youth in relevant services.

Adolescence is a difficult time for all teenagers. For those in the delinquency system, many of whom have not successfully completed critical developmental milestones, it is especially difficult. Unfortunately, there appear to be no magic formulas for responding to their needs, only a lot of evidence that services must be intensive, comprehensive, creative, and responsive to both short- and long-term issues. These are difficult demands for any agency, much less public bureaucracies, to meet.

STATUS OF AFTERCARE IN MARYLAND

Testimony provided to the Assessment Team and in focus groups painted a picture of separate service systems at odds with one another. While it is widely acknowledged that there is a need to provide basic educational services to youth, troubled youth are not easily returned to schools. Additionally, good working relationships between the treatment providers with which DJJ contracts for services, as well with those to which DJJ refers youth, are not apparent. In fact, an organizational culture appears to have been developed which does not easily accommodate service providers within the fold of DJJ operations. On the other hand, DJJ reports frustration with service providers that do not provide holistic services to their youth, or do not tailor their services to the needs of specific youth. Testimony repeatedly confirmed that these situations adversely affect youth in aftercare. In fact, much is needed for both the treatment providers and DJJ to develop an integrative service delivery framework respectful of the roles of the service providers and DJJ.

The Assessment Team was informed that aftercare youth need many more service opportunities than DJJ currently funds. Level funding for many years, moreover, has strained existing contract programs and reduced their capacities to serve clients. Service providers currently contracting with DJJ for outpatient mental health and substance abuse services reported, "the system is overwhelmed". DJJ officials indicated that service providers can not provide the level or intensity of services needed for these youth. That few programs focus on the family is another major gap in the current delivery system. We found that DJJ has no funds explicitly to provide services to family members. The lack of available space in community-based programs creates long lag times with no services rendered, presenting a public safety risk to the youth, the family and the community. Most service efforts, moreover, are based exclusively on a deficit model. Rarely are efforts funded that aim to build upon existing strengths.

An area of particular concern is education. DJJ youth have difficulty returning to their secondary schools although education is one of their primary needs. Although the Spotlight on Schools program has alleviated some of the difficulties youth encounter when reentering school, it is still a specialized program that has not been implemented in every jurisdiction or every school in the state. Caseworkers from Baltimore City and Prince George's County expressed frustrations with the education system, explaining that for the most part, schools are not cooperative and are unwilling to reenroll youth who have had substantial behavior problems or excessive tardiness in the past. Caseworkers are then placed in the position of finding an educational program suitable for youth to obtain GEDs, though certain educational service providers indicated that such expectations were completely unrealistic (in the short term) for 16 and 17 year-olds with fourth grade reading levels.

All of DJJ's funds for services are expended through contracts for services that mostly offer categorical services. Caseworkers have no flexible funds available to respond in a timely way to specific youth or family needs. Moreover, their extensive caseloads will not accommodate the kind of creative advocacy that effective case management of this type requires. The testimony that the Team heard from agencies the Tarrant County Advocate Program pointed out the ways in which flexible funding can make a difference. It is important to note that Tarrant County's Department of Juvenile Services contracted with TCAP in part because government restrictions would have precluded it, as a public agency, from utilizing funds in these creative ways.

FINDINGS

- 1. The department's budget and fiscal operations, especially the ways it contracts for services, unnecessarily limits its options and often precludes essential interventions and creative case management.**
- 2. Education, mental health and substance abuse services are among the most essential services needed by youth upon their release from placements. However, re-enrollment following commitment is frequently impossible, or the educational services available are inappropriate to the skill levels and special needs of the youth. The advent of managed care, furthermore, has limited insurance coverage for mental health and substance abuse interventions. Level funding to contract-service providers, combined with increases in the aftercare population, has meant reduced availability of various interventions. Finally, the absence of flexible funding for use by aftercare case managers makes timely responses to critical service needs unlikely.**
- 3. The current service delivery model is almost exclusively based upon identification of juvenile and family deficits. DJJ and related providers need to develop asset-based approaches that promote family and youth engagement that serve to achieved desired goals and outcomes.**

- 4. Whenever feasible, service interventions, as well as supervision, need to be community-based to ensure accessibility, cultural competency and continuity. The current aftercare system may be missing important service delivery opportunities available through informal neighborhood helpers and/or unrecognized provider agencies. DJJ and other government agencies are also missing the chance to build new capacities and networks in high crime areas by failing to contract with these agencies.**
- 5. Treatment of aftercare youth must be undertaken in the context of their families and communities. At present, however, families and communities are largely viewed as a problem to be avoided, rather than an asset to be cultivated.**
- 6. DJJ staff often do not utilize existing services effectively, fail to hold youth accountable for non-compliance with treatment conditions, and do not hold programs accountable for achieving specified results.**

Findings Regarding Department of Juvenile Justice Operations

- A) The problems in DJJ's aftercare system reflect problems in the department as a whole, rather than exceptions to general practice.**

BACKGROUND

It should not be surprising that the Assessment Team concluded that aftercare is merely symptomatic of an agency fraught with major problems. At a minimum, aftercare, as part of a continuum of interventions, cannot be divorced from other aspects of agency operations. It is difficult to imagine how other DJJ policies or practices could be exemplary when one of its fundamental components is so deficient. Our expanded inquiries, examining probation supervision, out-of-home placements and agency infrastructure, only reinforce this assessment of a deeply troubled agency. These troubles know no particular agency boundaries.

No agency charged with public safety or youth development is likely to perform effectively if it does not have a clear mission and a strategic plan to implement it. DJJ's mission is, in fact, relatively clearly defined in statute by the philosophy of the "balanced and restorative justice" (BARJ) model. This model has well-documented strategies that various jurisdictions nationally are trying to implement. In Maryland, BARJ has not been effectively operationalized, and it is apparent that it is also not widely embraced by management or staff. BARJ has not permeated the agency's policies and practices as evidenced by key indicators since the defining legislation was passed. Over the past four years, out-of-home placements have increased by 51 percent, from 3,674 youth in 1996 to 5,532 in 1999. Increased accountability (which under the BARJ model means timely imposition of graduated sanctions) has also been common at the front end of the system. In 1996, 9,615 first-time and minor offenders were placed on "informal supervision"; by 1998 that number had grown to almost 16,000, an increase of 66 percent.

Most importantly, there is no evidence of increased efforts to build youth competencies (BARJ terminology for rehabilitative efforts) or much attention to repairing the harm done to victims—two major components of restorative justice models. Various presenters testified that DJJ's lack of clarity on mission and goals made it a difficult agency with which to work. For example, service providers frequently reported that DJJ appeared decreasingly concerned with rehabilitation and was unreliable, at best, when treatment personnel sought to have caseworkers enforce compliance with conditions of release.

The evidence regarding DJJ deficiencies indicates major management problems that have persisted over numerous administrations. While it would be convenient to lay the department's deficiencies at the feet of the most recent administration, the facts indicate otherwise. For example, how could a highly credible research report, recommending many of the very same changes as here, be prepared for DJJ in 1991, be reaffirmed in a second report in 1996, and result in no substantive change in aftercare policies or practices? Many of the recommendations have been in the juvenile justice

literature for nearly 20 years. Additionally, why do front-line staff openly express cynicism about the central office and complain that it creates work for them, rather than supports them in the performance of their jobs? Why does the agency have so many contractual employees, which contributes to turnover and lower standards in the agency? Why did long-term contract agencies tell the Assessment Team that they were treated arbitrarily and rudely by DJJ management despite years of service to delinquents and their families in Maryland?

DJJ's current organizational structure is partly to blame for these problems. The organization is a patchwork of units established under various administrations that fail to support each other. The best example of these structural issues can be found within its operations units—field services, program services and facilities. Facilities managers are responsible for detention and placement facilities operated by the state. These managers, predictably, are concerned about crowding in state-operated detention centers. They know that approximately 30 percent of the youth in secure detention statewide are awaiting placement. These managers want program services, which is, in effect, the gatekeeper for residential placements, to move these youth to their commitment facilities. Program services personnel, however, are not responsible for social history investigations, psychological assessments or recommendations regarding residential placement—field services has this responsibility. Field services personnel feel pressure to match youth with facilities, based on their assessments of risk and needs. Each unit, therefore, has an agenda perceived by the others as contrary to its role. As a result, youth are frequently placed in commitment programs because there is an available bed, not because there is an appropriate bed.

Similar issues exist with DJJ's support units. During this investigation, the department's research unit could not provide timely, accurate data regarding youth in aftercare. As the boot camp investigation revealed, the agency's capacity to investigate itself—a fundamental responsibility for an organization responsible for the health and safety of children—is understaffed, under-trained and lacks clout. As discussed, training is sporadic and professional development opportunities are almost non-existent.

In an agency like DJJ, the critical work is at the front lines. Without well-trained, competitively paid front-line staff, no agency with these responsibilities can perform well. According to senior level agency managers, there are almost 500 contract employees, almost one-third of the work force. These employees do not receive benefits and have no job security. (There is now a multi-year plan to phase out this second-class job status.) Turnover is very high. One manager reported that in Montgomery County, for example, approximately 60 percent of front-line staff are replaced annually. Bright, committed people come to DJJ for training and experience and then leave quickly for higher paying jobs in neighboring states.

These serious organizational issues help to clarify why aftercare struggles to fulfill its responsibilities. It is apparent that there needs to be a concerted effort on the part of all branches of government, as well as the private sector, to rebuild and restructure this important component of the justice system.

FINDINGS

- 1. DJJ operations, in general, lack a clear, strategic approach to holding youth accountable, providing services to targeted needs and risk factors, and assisting them in becoming productive adults. While the department's formal mission embraces the philosophy of "balanced and restorative justice", this model has not permeated the agency's policies or practices.**
- 2. The department has serious management and operational deficiencies that have persisted for years. It desperately needs stable leadership capable of competently managing a public agency of this size and providing substantive direction regarding modern, innovative and effective juvenile justice policies and programs.**
- 3. DJJ's current organizational structure, as well as its infrastructure, does not support operations or ensure quality control. Various infrastructure components, like MIS, research, training, and auditing, operate as if they had independent missions, rather than in support of improved operations.**
- 4. Uncompetitive salary scales result in high rates of staff turnover, especially at the case manager level, producing major interruptions in supervision and services and inexperience at the critical point of contact between agency and client.**

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- B) DJJ does not perform timely assessments that enable staff to make appropriate decisions or to inform others (e.g., judges, service providers) of critical steps in case management. Even at those case processing points for which standardized assessment protocols have been developed (e.g., the risk and needs assessment for dispositional planning), introduction of the new instruments has been unjustifiably slow.**

BACKGROUND

Beginning almost forty years ago, pretrial, community corrections, and juvenile justice agencies have used statistically validated instruments to predict risk and to assess needs. Assessment tools have proven essential to make informed recommendations about sentences or dispositions, to assign probationers to proper supervision levels, to make juvenile placement decisions, or to determine the intensity of aftercare supervision. These tools are also used to reclassify those under supervision based upon their progress (or lack thereof). In recent years, juvenile justice systems have copied their adult

counterparts by developing objective screening tools to make detention admissions decisions.

Assessment tools serve critical purposes. First, they eliminate idiosyncratic decision making by providing all staff with a standardized approach. Second, if the instruments have been statistically validated, these tools provide a more reliable way to categorize the risks posed by individuals. While these tools do not claim to predict how each and every individual will behave, they enable staff to sort youth or adults into categories based upon how people with the same characteristics (e.g., seriousness of prior record) have performed as a group. This sorting process provides a rational basis for determining the intensity of supervision. Departments all across the country also rely on risk assessment instruments to develop differential supervision standards. These assessments are critical for apportioning staff resources to youth who pose the most risk to the community and, therefore, require the most monitoring and services to prevent further involvement in criminal behavior.

In addition, standardized needs assessment protocols are used to identify the types of services and interventions that youth may require. In recent years, refined protocols have been developed to screen for particular problems, like drug and alcohol abuse. These tools, if properly developed and applied, provide a more accurate and timely portrait of treatment needs than is possible when staff are left to make their own decisions without this type of guidance. Moreover, absent clear assessments of mental health and substance abuse problems, for example, staff who are not specialists in these areas can not effectively broker services that address their clients' specific needs.

Effective practice requires that there be a variety of assessment tools (and opportunities for special, individualized assessments) applied at different points along the juvenile justice continuum, depending on the critical questions that need answering. For example, upon arrest a youth may be screened for detention admission using an instrument designed to predict likelihood of flight or re-arrest. After adjudication, various assessments should be made to assess needs (in order for the court to impose appropriate treatment conditions as part of a disposition) and risk (to determine whether community-based supervision is appropriate). While on community supervision, a risk instrument should be used to determine supervision intensity and, after a period of supervision, to determine if that intensity can be reduced. If the youth is in placement, both risk and needs instruments are essential to aftercare planning.

ASSESSMENT PRACTICES IN THE DEPARTMENT OF JUVENILE JUSTICE

The department's development of these technologies, has been untimely and their application remains inconsistent across regions of the state. At intake, for example, some counties, like Anne Arundel, apply professionally developed assessment tools to determine if juveniles need substance abuse or mental health services. In most places, however, caseworkers only have self-reports or impressionistic data available to determine if treatment referrals are needed.

An objective screening instrument was developed by the National Council on Crime and Delinquency (NCCD) approximately four years ago to screen detention admissions. The instrument is still not universally used in the Department and has never been statistically validated. As a result, Maryland detention admissions continue to run the risk that dangerous youth might be inappropriately released while non-threatening youth are unnecessarily occupying beds in a chronically crowded system. The Assessment Team inquired about the delays in implementing this instrument and was simply told that there had been neither the time nor the management inclination to make these tasks a priority.

A case classification system to assess risks and needs for adjudicated youth was also developed for DJJ by NCCD three years ago. This system was designed to identify the supervision level appropriate for youth placed on probation (as well as aftercare). It also provides decision-making tools to guide placement decisions for committed youth. Again, apparently because of management delays, this new system has not been implemented. In the past few months, training has begun with line staff in five counties, but an overall implementation plan remains unavailable. The department's capacity to monitor the effectiveness of these new approaches, given its limited research and information system support units, also remains suspect.

It is critical to note that the use of these instruments is fundamental to caseload planning and staff deployment. When administrators know how many youth fall into different risk categories, and how much contact is expected with youth in each risk level, it is possible to calculate how many staff members are needed to meet internal standards. Though DJJ now has data that classifies youth into differential supervision categories, it has never conducted a workload analysis to determine if there are sufficient personnel to meet these minimum contact standards. If there are insufficient caseworkers to fulfill differential supervision requirements (whether for youth on probation or aftercare), then the entire approach loses its rationale. We believe that there is ample evidence that current staffing levels are insufficient to conduct probation and aftercare supervision under the new classification system's requirements.

Testimony and documents reviewed by the Assessment Team revealed that aftercare assessments varied by the placement facility, the agency conducting the aftercare supervision, the DJJ region, and even by caseworker. Moreover, our examination of aftercare practices revealed that assessments performed at earlier stages of case processing were not routinely available or readily utilized. An assessment unit, responsible for developing, implementing, and monitoring these various tools across the continuum of case processing would help to ensure consistency, efficiency and accuracy in this critical area of juvenile justice practice.

FINDINGS

- 1. The initial intake decision process seems to vary across the state, especially the availability of adequate information or relevant assessments for children who are placed on informal supervision.**

2. While a risk assessment tool is now available, the use of a validated risk assessment instrument for detention admission decisions has proceeded at a snail's pace, contributing to both crowding and ineffective utilization of community-based alternatives-to-detention programs.
3. Implementation of instruments developed to make disposition recommendations, to determine levels of supervision for probation cases, to allocate workload, and to determine placements for committed youth has taken years and still lacks essential support to ensure consistent application.
4. Aftercare assessments are haphazard and rarely based upon application of well-tested, standardized instruments that can help to clarify needs.

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- C) Probation services (for non-committed youth) are ineffectively planned and implemented, inadequately funded, and fail to significantly influence the delinquency careers of youth most likely to enter the commitment and aftercare components of the system.

BACKGROUND

Probation nationwide is in a state of crisis. An increasing population under criminal justice control has resulted in escalating growth in probation and parole caseloads. Resources for probation have not kept pace with the growth in the caseloads. It is not uncommon for probation agents to supervise 70 to 150 probationers. Adding to the problem is the fact that most probation departments rely on a referral system to obtain needed services for offenders. Even when probation has the kinds of individualized assessments noted above, it must rely on mental health, substance abuse, education, and employment agencies to actually deliver relevant services. These agencies frequently have caseload priorities that do not rank probationers near the tops of their lists.

Probation systems also suffer from antiquated methods of supervising offenders, especially office-based reporting practices that fail to address youth in their neighborhood or family contexts. These supervision practices emphasize counting contacts instead of case planning and management that leads to outcomes related to reduced recidivism, such as employment, education, and drug-free lifestyles.

Place-based probation services have been identified as one of the more effective strategies to improve long-term outcomes with offenders. In place-based models (e.g. Spotlight on Schools, Hot Spots, etc.) the emphasis is on the probation agent working in the community. Surveillance and monitoring in the community provides a real-time context and can lead to direct community engagement. These probation strategies,

because of more timely contact, can better hold youthful offenders accountable, plus the probation caseworker can become a more effective partner in the community.

STATUS OF PROBATION IN MARYLAND

As stated previously, the Assessment Team found that probation supervision, like aftercare, requires the development and implementation of appropriate policies, procedures and professional standards. In Maryland, staff struggle with inadequate training and professional development opportunities, insufficient supervisory support, and large caseloads. Risk and needs assessment tools are still not uniformly applied, so caseloads remain largely undifferentiated in terms of which cases should get most attention. Current supervision standards appear insufficiently intense to effectively supervise or provide case management to those youth most at-risk of re-offending. Recent large increases in the number of youth placed on "informal supervision" have stretched scarce resources to the breaking point. Though new initiatives like Spotlight on Schools has helped to ease some of these caseload pressures, caseworkers still handle too many youth at one time to provide the kinds of individualized, timely oversight and case management essential to successful probation outcomes.

DJJ probation practice varies across regions of the state. While there should be some local variation, justice should not be a function of geography. To avoid that possibility, DJJ must provide clear standards for probation casework. One important area where such guidance is essential concerns sanctions and compliance standards. In DJJ, probation officer responses to rule violations vary widely. For example, aftercare workers in some regions reported that they felt constrained from sanctioning or violating youth unless new offenses were committed. These workers reported being expected to use their discretion when determining how to handle misbehavior, but felt that they had little leeway in responding to violations. As a result, most violations go unmanaged and unreported.

In DJJ documents reviewed by the Assessment Team, we did find (fairly old) policies regarding release and revocation, including a provision on sanctions that read, "Sanctions shall be enforceable and logically related to the violation of probation behavior." This policy further stated that the caseworker should use the document "Guidelines for Use of Sanctions with Various Types of Violations". When caseworkers were asked if they knew about these guidelines, they reported that they did not. The guidelines, prepared in 1991, include examples of violations and a list of 25 sanctions ranging from a verbal reprimand to termination of supervision. There was no evidence in case files that these guidelines have any relationship to actual practice. Caseworkers instead expressed general frustration over their inability to redirect behavior due to the lack of support from the rest of the system. If graduated sanctions were a rarity in practice, graduated incentives were nowhere to be found. The lack of a graduated response capability, both in terms of sanctions and incentives, renders the supervising agent virtually powerless.

Another aspect of DJJ operations that affects practice negatively is the mixed caseloads handled by caseworkers. Many, if not most, probation officers who supervise youth in the community also prepare pre-disposition reports, visit youth in commitment facilities, appear in

court frequently, and handle various other duties. When workload pressures build, court reports and appearances always receive first priority. Supervision of youth in the community suffers as a result.

FINDINGS

- 1. Major increases in the number of youth assigned to "informal" probation supervision have added significantly to workload demands. Though varying from region to region, these increases have affected the operations of intake staff and the ability of probation staff to focus on youth most at risk for heightened delinquent behavior.**
- 2. Inconsistent and untimely implementation of modern risk assessment approaches to develop differential supervision caseloads has, to date, precluded the efficient deployment of staff to those cases most in need of intensive supervision. However, even youth accurately identified for more careful monitoring and/or more extensive service delivery will not receive sufficiently intensive attention under the current departmental supervision schemes.**
- 3. Important aspects of probation practice differ across the regions of the state and even among staff in the same region. Vague departmental policies and procedures, as well as varied judicial workloads and preferences, produce differences in practice that seem driven more by geography than public safety, justice, or youth development concerns.**
- 4. Line staff are often cynical about central office managers and disillusioned by the absence of a long-term vision that clarifies the reasons for changes in policy and practice, or presents future courses of action.**
- 5. Mixed caseloads interfere with effective probation supervision. When probation staff must prepare reports for court, arrange placements, make regular court appearances, and transport youth to and from appointments, time for field supervision and case management typically receives low priority.**
- 6. Probation practice, like aftercare, suffers from a lack of focus on the family. It is unrealistic to think that either recidivism or youth development goals can be met without developing case management practices that positively influence the youth's family.**

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- D) Recent initiatives that have reorganized caseloads based upon "place" (e.g., Spotlight on Schools and Hot Spots) represent a critical shift in departmental deployment of resources and seem to be enthusiastically embraced by staff. However, no "master plan" exists at present to deploy staff and other resources based upon these models. Moreover, these new approaches must be better linked with classification and differential supervision models.**

BACKGROUND

In recent years, there has been a national movement towards "community justice". These approaches, beginning with community policing, are based upon at least two key tactics: decentralization of staff and closer communication with residents. Community justice approaches acknowledge that crime is very much a place-based phenomenon, with certain neighborhoods experiencing much higher rates of delinquency and victimization than others. If staff can be deployed in these high-risk areas, they can focus more attention on their caseloads and they can get to know the resources of the neighborhood more intimately. Properly implemented, these approaches ought to produce more intensive supervision, more immediate access to needed services and supports, and improved ties between juvenile justice agencies, neighborhood associations and residents.

Some of the most compelling work with delinquents described to the Assessment Team involved "place-based" strategies. For example, the Tarrant County (Fort Worth, Texas) Youth Advocate Program (TCAP), which is funded by and works hand-in-hand with the juvenile probation department, uses a zip code based approach to recruit staff and assign cases. Staff, therefore, are recruited directly from the neighborhoods where the clients reside. That increases their availability and their visibility. These non-professional advocates may spend as many as 20 hours per week with the youth on their caseloads. With no time wasted on travel, and with small caseloads, these workers essentially surround their clients and their families with services, supports and supervision. Their knowledge of the neighborhood makes it easy to get help. Their work also builds the social networks in the neighborhood that research reveals are critical to reducing crime.

"PLACE-BASED" STRATEGIES IN MARYLAND

Spotlight on Schools and Hot Spots are two relatively recent initiatives underway in the Department of Juvenile Justice. The former involves deployment of DJJ caseworkers to schools where there are concentrations of DJJ-involved youth. Caseworkers' caseloads, designed to be capped at 25, are mixed. Any youth on informal supervision, probation or aftercare who is enrolled in that particular school would be on the caseworker's caseload. Contact with these youth is daily and caseworkers report that the school context provides important opportunities for early detection of emerging problems, as well as contact with parents. Experience also implies that the presence of DJJ staff on site in schools breaks down barriers to re-enrollment of youth returning from commitments.

Hot Spots involves coordinated action by various juvenile and criminal justice agencies, along with service delivery partners. It focuses on those places where crime is most concentrated and attempts to develop strategies that are most likely to work in those particular places. Probation staff participate in regular exchanges of information about crime trends and partner with police officers in the execution of warrants and evening supervision efforts.

These place-based strategies for the supervision and support of DJJ-involved youth appear promising. Staff with these assignments were more enthusiastic about their work than other caseworkers. They felt that they had manageable caseloads and that they were able to stay current and intervene when problems emerged. A number of matters need attention, however.

First, the department does not have an overall plan to reconfigure its caseloads in this manner. Spotlight on Schools and Hot Spots are "special programs" rather than the way business will be conducted in the future. Department managers need to develop a long-term plan for implementing these approaches on a larger basis if they are to make a fundamental difference in community supervision. The master plan must address some noteworthy limitations of the current approach, the most critical of which is the absence of supervision resources for the critical peak hours for delinquency, which occur after schools close.

Finally, the department needs to reconcile these initiatives--especially the mixed caseloads in Spotlight on Schools that result in relatively low-risk youth being supervised as intensively as their higher counterparts—with new classification techniques and resulting differential supervision standards. Utilizing scarce personnel resources to provide very close attention to very low risk youth (e.g., informal supervision cases that have very low rates of recidivism) limits the potential that placed-based deployment strategies offer to attend to those committing the most frequent and serious offenses. Perhaps that is why DJJ's statistics, to date at least, do not reveal the levels of changes in delinquent and other high-risk behaviors that are the expected outcomes of the new strategies.

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E) Inappropriate and unnecessary use of secure detention has significant consequences for the timely, rational use of commitment facilities and, therefore, also weakens aftercare efforts.

BACKGROUND

Secure juvenile detention is intended to serve two primary purposes: (1) to ensure that youth appear in court as scheduled, and (2) to minimize public safety risks by reducing the likelihood that youth awaiting adjudication will commit serious new

offenses. Historically, however, juveniles have been placed and kept in detention frequently due to systemic shortcomings, including an ability to accurately assess risk, an absence of effective community-based alternatives, unnecessary delays in case processing, and poor coordination with human service agencies that should provide needed services to these youth. Failure to address these causes of inappropriate and unnecessary detention has resulted in a national crowding crisis in juvenile detention facilities. Today, most youth admitted to detention, in Maryland and around the country, find themselves in facilities operating above capacity. (Professional standards, research and case law all indicate that crowded facilities can not provide the care or custody required of any jurisdiction that places a child in custody.) Almost two-thirds of these youth nationally are African-American, Latino or other minority children. Less than one-third of all detained youth (on any given day) are being held for violent offenses. In fact, more youth are in secure detention for technical violations of probation, status offenses (and related court order violations) and warrants than for violent acts.

Inappropriate and unnecessary use of secure detention is a problem in and of itself, but it also affects many other aspects of juvenile justice administration and operations. Research has concluded that jurisdictions that rely heavily on secure detention (for youth pending adjudication) also use out-of-home placement dispositions more frequently. These systems also expend disproportionate shares of their public budgets on a relatively small portion of their overall caseloads because the operation of secure facilities costs so much more than even the most intensive home-based services. Detention crowding also compels juvenile justice officials to make poor disposition choices in order to free detention beds.

In recent years, a number of jurisdictions nationally have demonstrated that it is possible to reform detention systems in order to both reduce crowding and improve public safety outcomes. These sites utilize objective screening tools to ensure that high-risk youth are detained, while those of lesser risk are not. They have implemented a continuum of community-based detention alternatives to expand the options available to intake officers and courts. Case processing innovations have shortened lengths of stay for those who are detained, further reducing bed utilization. The experiences of these sites underline a critical point: the strategies needed to reduce inappropriate and unnecessary detention are known and have been well tested. The political will and administrative capacity to implement those strategies are usually what is lacking.

JUVENILE DETENTION IN MARYLAND

Since 1995, admissions to secure detention in Maryland have increased by about 4 percent, despite a 16 percent decrease in juvenile arrests for violent crimes. Though the National Council on Crime and Delinquency (NCCD) developed an objective screening instrument several years ago, it is still not used consistently across the state and it has never been statistically validated. In 1997, the average daily population in juvenile detention totaled 452, approximately 18 percent over capacity. On June 3, 1999 (a day chosen at random from department reports), the Maryland detention population was 544, 42 percent over the system's capacity. Approximately 30 percent of youth in detention

are awaiting placement, essentially enduring dead time while they wait for a commitment bed. Since 1996, out-of-home placements increased by 51 percent, confirming the national trends noted above. The reason for this correlation is easy to imagine: youth confined pending adjudication are unable to assist in their defense, are perceived as more dangerous (simply because of detention status) and, perhaps most importantly, are unable to engage in productive, community-based activities to demonstrate capacity to behave appropriately without confinement.

As Maryland has struggled with this crowding crisis for the past few years, it has been forced to make a series of compromises that undermine the system's overall effectiveness. Placement decisions are increasingly made based upon bed availability, rather than appropriateness. Lengths of stay in treatment facilities have been reduced to expedite bed availability, sometimes precluding completion of treatment regimens. Shortened stays in placements increase discharge planning pressures, reducing opportunities for facility and field staff to involve parents and to broker resources in the community. Testimony before the Assessment Team revealed that, in its worst scenario, these interconnected dilemmas resulted in discharges without plans and community agencies receiving aftercare referrals on essentially an emergency basis, after youth had been returned home.

FINDINGS

- 1. Inappropriate and unnecessary use of detention prior to adjudication increases the likelihood that a youth will be placed in a commitment facility.**
- 2. Crowding in state detention centers is significantly driven by unacceptably long periods between disposition and placement. Population pressures created by these delays result in program choices based upon bed availability rather than the needs or the demands of the case. In turn, these choices often affect the type and level of aftercare services which youth receive. These delays should be prohibited by statute, court rules and/or departmental standards.**
- 3. Inappropriate placement decisions minimize the chances that the commitment will serve its intended purpose or that the committed child will be properly prepared for aftercare.**
- 4. Detention crowding has also provoked reductions in the lengths of stay in certain commitment programs in order to expedite the availability of bed space. These reductions limit treatment and aftercare planning opportunities.**
- 5. The absence of "respite" beds for youth on aftercare results in inappropriate and counterproductive detention stays.**

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- F) The use of out-of-home placement, which is the pipeline that determines the aftercare population, must be reconsidered and restructured in light of programmatic deficiencies, recent research, and resources.**

BACKGROUND

Juvenile justice has wrestled with its use of out-of-home placements for many years. While exposes of abuse and/or neglect in large "training schools" have stimulated episodic reforms, states still vary enormously in terms of how frequently they commit children to custody, for how long, and in what context. Reasons for commitment often vary. Sometimes, youth are confined simply because they are deemed too dangerous, or their offense too serious, to justify any other course of action. Other times, youth are committed because decision-makers want to ensure that they receive treatment (that is, they are "high-need" but not necessarily "high-risk"). National research on state juvenile corrections admissions has revealed that the majority of juvenile offenders housed in these institutions were committed for non-violent offenses. Still, youth corrections populations and other forms of out-of-home placements have steadily increased in recent years.

There are few controlled studies to clarify if these practices make sense, but some research raises important questions. In the early 1970s, for example, the Massachusetts Division of Youth Services, in one of the more dramatic reform efforts ever undertaken, literally closed all its training schools. DYS replaced these facilities with a few, small (e.g., 25 beds or fewer) secure facilities for its most dangerous wards, and constructed a robust system of community-based alternatives to supervise and assist the remainder of its former youth corrections population. Research conducted shortly after these reforms were implemented, and a subsequent study almost twenty years later, revealed that Massachusetts' juvenile crime rates remained relatively low following deinstitutionalization when compared to states that relied more heavily on commitments.

At the programmatic level, at least three randomized clinical trials--on violent and chronic juvenile offenders--of an intensive home-based intervention known as Multi-Systemic Therapy have demonstrated long-term reductions in criminal activity, drug-related arrests, violent offenses and incarceration (when compared to placements in state youth corrections institutions). Studies like these suggest that certain kinds of community-based programs may be more effective than youth corrections facilities.

OUT-OF-HOME PLACEMENTS IN MARYLAND

The Department of Juvenile Justice reports that 5,532 youth were committed to out-of-home placements in FY1999. Unfortunately, departmental records regarding overall costs for these commitments are inconsistent or incomplete. (Figures provided to the Assessment Team show expenditures ranging from approximately \$59,000,000 to more than \$71,000,000.) Suffice it to say that out-of-home placements constitute a significant portion of DJJ's overall budget. Significantly, according to DJJ's typology of programs, only 953 (17 percent) of these commitments were to secure facilities. These

statistics raise important questions about the necessity and cost-effectiveness of the current pattern of dispositions.

These out-of-home placements are the source of aftercare's population. DJJ reports spending a total of \$8,036,165 on aftercare services in FY1999, almost half of which paid for aftercare provided by DJJ itself, based upon an estimated staff compliment of 85.5 full time positions. Significantly, the Assessment Team heard from a number of private aftercare contract agencies that indicated they had received level funding for the past few years which, in effect, reduced their capacities to serve youth and families. We were unable to review historical trends in aftercare expenditures to determine if they tracked increases in out-of-home placement dollars.

Maryland's juvenile justice system does not have intensive home-based services, like those we heard about from Kaleidoscope or the Tarrant County Youth Advocate Program, both of which have no-rejection, no-termination policies that indicate that they work with the most difficult cases. This gap in the state's youth corrections continuum is even more stark in the face of research completed by the National Council on Crime and Delinquency as part of their effort to develop an objective risk- and needs-based system to guide placements. Their research suggests that approximately two-thirds of those currently committed should remain in the community. (Conversely, some of those youth now receiving probation would be committed under the revised system.)

FINDINGS

- 1. Between FY 1996 and FY 1999, youth served in out-of-home placements increased by 51 percent. Total costs for these services, however, increased by only 14 percent, primarily because of greater utilization of programs with shorter lengths of stay. The disparity between the increases in number of youth served and relatively stable expenditures raises concerns that youth are either unnecessarily entering residential placements or that the placements are insufficient to address the risks and/or needs of the youth.**
- 2. Research recently conducted for DJJ indicates that almost two-thirds of currently committed youth would stay in the community if an objective classification system were employed to make these determinations, while a small percentage of youth now being placed on probation would be committed. Absent changes to the placement system, like those suggested by this research, the pipeline to aftercare will continue to be filled with a broad mix of cases that preclude effective discharge planning and case supervision.**
- 3. The absence of intensive in-home services that could serve as effective alternatives to commitment continues to drive many youth unnecessarily into the placement system.**

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- G) The department's caseloads, workload, and effectiveness suffer from the severe disconnection between the juvenile justice system and other human service systems.**

BACKGROUND

The balanced and restorative justice model has three tenets: public safety, accountability, and competency building. The competency-building component is critical in providing the youth and their families with the skills to lead more law-abiding and productive lives. For many years, however, it has been difficult nationally for agencies like DJJ to obtain services for delinquent youth (and their families) from public human service systems. These trends have gotten worse as funding for community-based services, like mental health, have been cut back. Faced with their own caseload pressures, education, substance abuse, mental health and child welfare agencies have become increasingly inaccessible. These developments have had serious consequences of juvenile justice agencies. For example, recent research in New York City has revealed that youth in foster care are many times more likely to end up in secure detention if they are arrested for delinquency. No one in the child welfare system planned these disparities. They are, however, a direct consequence of the lack of coordinated policy and programming efforts.

While many places are working to overcome service delivery barriers that occur because of the categorical way in which public human services are traditionally organized, most of these innovative efforts have not carried over to the juvenile justice system. In some instances, juvenile justice agencies have been poor partners. However, it is probably equally the case that the other agencies have been quite content to avoid dealing with a population that they feel pose special problems.

INTER-SYSTEM RELATIONS IN MARYLAND

Currently, DJJ relies upon an array of service providers, on either a contractual or referral basis. But, as noted repeatedly in this report, the working relationships between juvenile justice and other human service systems are fraught with unmet expectations and conflicting priorities. These disconnections have critical impacts on the caseloads and effectiveness of DJJ's effort. Take, for example, the previously noted problem of getting youth re-enrolled in school. Current barriers result in case workers expending lots of time trying to make these arrangements. If they are unsuccessful, those they supervise essentially have no routine activities that could be readily monitored. In the long term, the lack of educational progress limits a youth's chances of successful community adjustment, which may result in their return to DJJ's (or adult corrections) caseload.

According to reports we received, DJJ often can not obtain assessments from these other systems. The absence of such professional, individualized reports relating to mental health or substance abuse needs, for example, can easily result in inappropriate referrals and interventions. Many times youth stay in secure detention facilities awaiting such assessments, adding more pressure to already crowded facilities. Even when an

appropriate assessment is obtained (often through specially funded arrangements), these inter-system dynamics may preclude a caseworker's or judge's ability to access relevant services.

All the blame, however, does not fall to these other systems of care. We heard frequently from human service providers that DJJ staff do not utilize available resources or fulfill their responsibilities to keep their clients in treatment. In Montgomery County, for example, we learned that human services had been reorganized precisely to limit barriers to services for delinquent youth. Administrators from whom we heard, however, were frustrated that DJJ staff had not taken advantage of these new approaches.

The Assessment Team also heard concerns about the piecemeal services available. The concept of a continuum of care appears to be an illusion at present, at least for DJJ youth. Most services are categorical and do not address the multiple needs presented by most youth. Even creative caseworkers who broker multiple referrals and placements for a single youth often find that the lack of coordination across categorical service systems undermines the holistic approach that was the caseworker's intention.

FINDINGS

- 1. Juvenile justice has increasingly become the service provider of last resort for many youth (and their families) who could and should be assisted by other systems. Too often, a delinquency arrest becomes an excuse for termination of services. At other times, having an active juvenile justice case serves as a barrier to the receipt of community-based services from other agencies.**
- 2. Too often, DJJ staff is ineffectual in efforts to access services from these other systems. The current system of contract services for delinquent youth, especially for services that should be accessible through mainstream referral and financing options, produces an uncreative reliance on a limited range of service providers and reduces pressure on the public systems that should be partners with DJJ.**
- 3. Access to educational services, an essential need for virtually all DJJ clients, is particularly problematic. Recent policy developments (such as "zero tolerance") may actually exacerbate school placement dilemmas.**
- 4. Increased availability of certain clinical services is essential to respond to the most obvious treatment needs of DJJ youth, especially in areas of mental health and drug/alcohol treatment.**
- 5. Continued reliance on categorical service delivery models that attempt to treat youth in isolation from their families, or that seek to address one problem at a time, are unlikely to produce the types of assistance needed by these youth and their families.**

Recommendations for Short-Term Action

Our investigation of aftercare issues in Maryland revealed a system that functions inconsistently and ineffectively. Beginning with those neighborhoods most affected by delinquency, therefore, we strongly urge that immediate steps be taken to strengthen aftercare to reduce public safety risks and to ensure that youth and families receive the services they need in a timely fashion. Some of the recommendations presented below are designed to accomplish this goal and require timely changes to DJJ policies and procedures, as well as targeted use of new funds. In addition, because long-term solutions involve more comprehensive changes in public policy and resources than we are in a position to suggest, we have outlined critical studies that should be completed on an expedited basis so that Maryland can get on with the business of genuinely reforming juvenile justice.

- A) Establish a policy and related practices to ensure that no high-risk or high-need youth is discharged from a commitment program (to any of the targeted communities) without an aftercare plan that has been jointly prepared by DJJ and facility staff, in consultation with parents and youth, and with specific service referral arrangements.**
- 1. Develop a standardized aftercare plan format that includes an updated risk and needs assessment, any standardized assessment protocols, a detailed accounting of services and activities for youth and family in the community, and a behavioral contract between youth, family and DJJ.**
 - 2. Require supervisory review and approval of the aftercare plan prior to discharge.**
 - 3. Identify and implement standardized assessments for educational status, mental health and substance abuse needs, family needs, as well as youth and family strengths. In addition, ensure the timely completion of psychological reports and social histories. These assessments should be part of aftercare planning efforts and should be completed prior to discharge.**
 - 4. Provide the juvenile court with a copy of the approved plan to increase judicial awareness of these efforts, to prompt input when judicial officers so desire, and to facilitate more timely and effective court intervention if needed during the period of aftercare supervision.**
- B) Utilize the \$1,000,000 in increased aftercare funds in the Governor's budget to hire new line staff and supervisors to be deployed in those communities where the greatest numbers of high risk and high need youth return.**

1. Deploy staff consistent with Hot Spots and Spotlight on Schools initiatives (i.e., decentralized to targeted communities) to maximize DJJ focus on places with high concentrations of aftercare youth and recidivism. In these target areas, implement a team case management approach involving significantly reduced caseloads (e.g., two case managers to 30 youth) and relieve aftercare staff of other duties (e.g., preparation of reports, placements).
 2. Reduce the span of supervisory control to no more than 1:8 to ensure effective oversight. Establish clear performance standards regarding supervisory case reviews and implement controls to ensure that supervisors are accountable.
 3. Implement a new case recording system to ensure reliable documentation of all aftercare plans, contracts, supervision and service activities and to facilitate case oversight.
 4. Revise DJJ contact standards for high-risk aftercare youth to increase case management and oversight activities.
 5. Establish clear policies and related practice guidelines for responses to violations of the aftercare agreement.
 6. Provide immediate and specialized training for both new and incumbent aftercare staff and supervisors deployed consistent with recommendations in III-A.
- C) Submit a revised plan for use of \$800,000 in JAIBG funds to supplement departmental staffing with community-based programming designed to increase supervision and case advocacy efforts for high risk youth in selected areas for up to the first six months of aftercare.
1. Focus these new services on high-risk hours (e.g., 3-9 pm) and other times when DJJ does not usually operate (e.g., weekends).
 2. Ensure that there is a 24-hours/day, 7-days/week crisis intervention capacity available.
 3. Develop and implement a team approach to aftercare supervision and case management to include DJJ staff, staff from community agencies providing enhanced oversight and advocacy, service delivery agencies, and neighborhood resources.
- D) Seek a supplemental appropriation for FY 2001 in the amount of \$750,000 to ensure effective implementation of recommendations III- A-C and to create a pool of flexible funds for the timely purchase of services needed in aftercare cases.

1. DJJ should be required to submit a plan of action for intensifying aftercare efforts in places with high concentrations of high-risk aftercare youth within 60 days of passage of the budget, including justification for use of these additional funds. Any funds whose use is neither requested nor approved shall revert back to the general fund within 90 days of the passage of the budget.

E) In neighborhoods and communities where these intensified aftercare activities are implemented, steps should be taken to improve service integration and collaboration between DJJ, public and private service providers, and other neighborhood resources (including both formal and informal organizations and associations).

1. DJJ supervisors and case managers, whenever possible with other partners (e.g., judges, prosecutors, defenders), should initiate meetings and visits to create awareness of the department's efforts and to enlist the support and collaboration of community resources.
2. DJJ's leaders (again with participation by key partners) should initiate discussions with public agencies regarding their plans and seek enhanced cooperation and explicit agreements for increased service access.
3. Community resource books should be developed for each specialized caseload area to increase awareness of and access to services and supports for families and youth.

F) A supplemental appropriation of \$600,000 should be made available to complete a series of management analyses essential to improving the operations of the Department of Juvenile Justice and the juvenile justice system as a whole.

1. These funds should be appropriated to the Department of Budget and Management for utilization consistent with plans and contracts approved by an interagency task force that includes legislative and judicial representatives.
2. Analyses funded under this recommendation must be completed no later than August 31, 2000 so that the findings and recommendations can be incorporated into agency budgets and legislation for FY 2002 consideration.
3. The specific analyses to be undertaken with these funds shall include:
 - a- an analysis of Department of Juvenile Justice workloads to determine what, if any, staffing or support increases are needed to ensure effective practices;

- b- a detailed examination, under the auspices of the Cabinet Council on Criminal and Juvenile Justice, based upon the service needs of delinquent youth and their families, of the obstacles and barriers to enhanced interagency cooperation and improved service delivery, along with statutory, executive order, regulatory, fiscal administration and resource recommendations needed to overcome the current disconnections between the juvenile justice agencies, its clients, and human service providers;**
- c- a management consultation regarding the Department of Juvenile Justice's infrastructure needs to ensure that organizational structure and capacities are aligned with operations and capable of providing the types of internal controls and supports essential to results-based accountability; and**
- d- an empirical analysis of out-of-home placements to determine how to improve commitment decisions, to ensure that public dollars are directed to those programs with the best outcomes, to identify opportunities to capture new funding streams, and to examine the potential of new intensive home-based services as alternatives to out-of-home placement.**

Long-Term Recommendations

The long-term recommendations which follow focus heavily on the challenging tasks of rebuilding the Department of Juvenile Justice and developing critical new partnerships between it and various public agencies and private organizations. Despite the cynicism that some of our findings may generate among readers, the Assessment Team knows of no juvenile justice model that does not call for a public agency (like DJJ) to carry out a myriad of functions. That is not to say that we necessarily recommend a bigger, better-financed department. Rather, we are recommending a major overhaul yet to be completely defined, the details of which, however, will determine DJJ's precise size, structure and roles.

At the same time, we feel compelled to emphasize that the problems described here do not rest solely with DJJ, nor do all their solutions. DJJ (and, consequently, its contract agencies and potential community partners) has suffered for want of serious collaboration between the agencies of the juvenile justice system, and between the systems of services for children, youth and families. Unless there is greater coordination, more flexible funding, and a more holistic approach to responding to the needs and challenges of at-risk youth and families, many of the findings we have presented will go largely unchanged.

- A) The Department of Juvenile Justice must be reorganized so that its operations and infrastructure promote and support fundamental change in the organization's culture and activities. Its operations, and related deployment of personnel and resources, must be completely redesigned to reflect and support the continuum of decisions (e.g., intake or detention admissions) and services (e.g., informal supervision through placement) that are the heart of its mission.**
- 1. Intake, assessments and reports should be the responsibility of specialized staff. Central office should reflect this specialization by creating a unit that develops the tools, monitors their implementation, reviews performance and, generally, provides leadership regarding this component of operations. Individualized assessments, including relevant social histories and psychological evaluations, when needed, should be available in all adjudicated cases.**
 - 2. Probation and aftercare supervision should be organized according to the narrowest practical geographical area in order to ensure the most intensive relations with neighborhoods. Wherever caseloads and staffing are large enough at the neighborhood level, staff resources for community supervision should be organized by type (informal supervision, probation and aftercare) to ensure that case management standards and staffing assignments are aligned and to promote more effective practice.**

3. A "program resources" unit, with related personnel in field offices, should be developed to maximize the availability of all relevant services at various points in the prevention-through-aftercare continuum.
4. To reduce inappropriate and unnecessary detention, the admissions screening instrument should be validated and implemented statewide, and lengthy delays awaiting placement should be prohibited by statute, court rule and/or departmental regulation.

B) The agency's administrative and support functions—including budget and finance, procurement and contracting, MIS, research, audits, investigations, training, etc.—should be reorganized to support field operations, to provide internal controls, to assure quality control and to enable the department to implement a results-based approach to all of its work.

1. The department must take steps to ensure the safety of all children in its custody, including strengthening its capacity to proactively assess its own operation of facilities and to respond to allegations of abuse or malfeasance in a timely manner.
2. The status of the agency's information system and its utilization should be assessed to determine if it is capable of supporting redesigned operations and internal control structures and functions.
3. Program services funding should be altered to make flexible funds available to purchase per diem services and to ensure that public dollars are directed to those services that have the greatest impacts.
4. Training must be enhanced, including new curricula and substantive professional development opportunities implemented under carefully monitored standards.

C) A concerted effort must be made to clarify the department's mission and philosophy and to ensure that the agency's structure and operations are designed and implemented consistent with them.

1. A meaningful commitment to delinquency prevention and developmentally appropriate interventions should be reflected in the allocation of resources and the measures of success used to assess performance.
2. The agency's commitment to community-based, family-focused approaches should be reflected in expanded use of "place-based" caseloads, increased partnerships and service agreements with neighborhood agencies and informal organizations, specific strategies aimed at building neighborhood capacities, and operations that rely on and assist parents (and other caregivers) in new, innovative ways.

3. Establish supervision practices around tangible results for youth, family and neighborhood, rather than adherence to process outcomes or behavioral expectations that may have little relationship to desired outcomes.
 4. Specific indicators of progress should be established to direct and gauge agency progress in this culture shift and an annual report should be prepared documenting these efforts and presenting data on progress.
- D) To restore public confidence, given the serious problems uncovered by the findings of the Boot Camp Assessment Team and the Aftercare Assessment Team, an independent oversight commission should be established. This commission's role should be limited to monitoring and reporting to the Governor, Lt. Governor and legislature on DJJ operations and remedial efforts. It should have no authority to intervene directly in agency operations, nor the formulation of policy, and it should in no way preempt the roles and responsibilities of the Secretary of Juvenile Justice. Legislation establishing this oversight commission should include a three-year "sunset" provision to end its role once it is no longer deemed necessary.
- E) The Department of Juvenile Justice should develop a multi-year action plan, based in part on the findings from the management analyses outlined in recommendation III-B, that details its long-term plans to ensure adequate staffing, improved service delivery, infrastructure development, and more effective use of out-of-home placements.
1. This plan should be prepared prior to the submission of the Governor's budget for FY 2002 and presented to the relevant legislative committees in order to clarify long-term resource needs and anticipated statutory changes.
- F) DJJ, the juvenile court judiciary, prosecution, defense, and law enforcement should establish, on a jurisdictional basis, interagency bodies to ensure effective implementation of relevant recommendations made here and to examine and improve aspects of local juvenile justice system practice.
1. The goals of these deliberations should include clarifications of policies and practices, reductions in policy or practice disparities across regions of the state, and the identification of ways to improve system outcomes.
 2. Specific attention should be paid to expediting case processing and eliminating inefficiencies that preclude timely interventions, delay the administration of justice, disregard the needs of victims, or postpone
- G) The Maryland Partnership for Children, Youth and Families, based upon findings and recommendations from the analysis conducted under recommendation III-F, 3(d), should be directed to develop a work plan, and a

system for monitoring its implementation, to resolve the interagency service delivery problems that now restrict access by DJJ youth and their families.

- 1. The Partnership should recommend and pursue whatever legislative, regulatory and funding changes are needed to eliminate current obstacles to effective service delivery.**
- 2. Partnership member agencies, as part of their routine reporting requirements, should detail their progress in improving service coordination, access and integration for youth and families involved in the delinquency system.**
- 3. The Partnership should design and promote implementation of flexible funding arrangements that enable state resources to follow DJJ youth (and their families) in order to ensure timely, creative interventions that can reduce delinquency, build family strengths and promote youth development.**

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The Honorable Martin Welch
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